

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)						SERIAL NO. 107018515	FILING DATE
						APPLICANT(S)	
3-11-05 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/		51
2	/	/	/	/	/		52
3	/	/	/	/	/		53
4	/	7	/	/	/		54
5	/	/	/	/	/		55
6	/	/	/	/	/		56
7	/	/	/	/	/		57
8	/	/	/	/	/		58
9	/	/	/	/	/		59
10	/	/	/	/	/		60
11	/	/	/	/	/		61
12	/	/	/	/	/		62
13	/	/	/	/	/		63
14	/	/	/	/	/		64
15	/	/	/	/	/		65
16	/	/	/	/	/		66
17	/	/	/	/	/		67
18	/	/	/	/	/		68
19	/	/	/	/	/		69
20	/	/	/	/	/		70
21	/	/	/	/	/		71
22	/	/	/	/	/		72
23	/	/	/	/	/		73
24	/	/	/	/	/		74
25	/	/	/	/	/		75
26	/	/	/	/	/		76
27	/	/	/	/	/		77
28	/	/	/	/	/		78
29	/	/	/	/	/		79
30	/	/	/	/	/		80
31	/	/	/	/	/		81
32	/	/	/	/	/		82
33	/	/	/	/	/		83
34	/	/	/	/	/		84
35	/	/	/	/	/		85
36	/	/	/	/	/		86
37	/	/	/	/	/		87
38	/	/	/	/	/		88
39	/	/	/	/	/		89
40	/	/	/	/	/		90
41	/	/	/	/	/		91
42	/	/	/	/	/		92
43	/	/	/	/	/		93
44	/	/	/	/	/		94
45	/	/	/	/	/		95
46	/	/	/	/	/		96
47	/	/	/	/	/		97
48	/	/	/	/	/		98
49	/	/	/	/	/		99
50	/	/	/	/	/		100
TOTAL IND.	3	J	3	J	1		TOTAL IND.
TOTAL DEP.	1	J	3	J	0		TOTAL DEP.
TOTAL CLAIMS	X	J	6	J	1		TOTAL CLAIMS